

**FINANCIAL STATUS REPORT**  
(Short Form)  
(Follow instructions on the back)



<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> Denali Commission		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b> 0061-DC-2002- I 14		<b>OMB Approval No.</b> 0348-0038	<b>Page of</b> 1   1 pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> Sunshine Community Health Center PO Box 787, Talkeetna, AK 99676					
<b>4. Employer Identification Number</b> 92-0117838		<b>5. Recipient Account Number or Identifying Number</b>		<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
<b>8. Funding/Grant Period (See instructions)</b> From: (Month, Day, Year) 8/1/2002		To: (Month, Day, Year) 9/30/2007		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) 4/1/2007	
To: (Month, Day, Year) 6/30/2007					
<b>10. Transactions:</b>				I Previously Reported	II This Period
				III Cumulative	
a. Total outlays				3,138.00	0.00
b. Recipient share of outlays					0.00
c. Federal share of outlays				3,138.00	0.00
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)					3,138.00
h. Total Federal funds authorized for this funding period					300,000.00
i. Unobligated balance of Federal funds(Line h minus line g)					296,862.00
<b>11. Indirect Expense</b>					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b>					
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Clement Agbatutu, CFO				Telephone (Area code, number and extension) (907) 733-9206	
Signature of Authorized Certifying Official 				Date Report Submitted July 25, 2007	

ACCEPTED